

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9583

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>COOK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON HUDSON</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHICAGO</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STILL-HILDBRETH OSTEOPATHIC SANATORIUM</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>		b. (Middle) <u>Carlton</u>		c. (Last) <u>Larson</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>8</u>		(Year) <u>1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>50</u>		If UNDER 1 YEAR Months <u>11</u> Days <u>4</u>		If UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUGGIST</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>C. L. LARSON</u>		13b. MOTHER'S MAIDEN NAME <u>ADA HOAGLUND</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. L. Larson Moberly Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u></u>  DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 27, 1950</u> , to <u>Mar 8, 1950</u> , that I last saw the deceased alive on <u>Mar 8, 1950</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. M. Still</u>				(Degree or title) <u>Dr</u>		23b. ADDRESS <u>Macon Mo</u>	
23c. DATE SIGNED <u>Mar 8</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 10 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/9/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		85		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Sons</u>	
						ADDRESS <u>Moberly Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3/23/50

MACON COUNTY HEALTH DEPARTMENT

County File No. 3/50/59.....

Date Filed 3/25/50.....

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Frank W. Walt.

Signed.....  
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address. Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.